

**REPORT OF THE
HUMAN RESOURCES COMMITTEE OF THE
BOARD OF DIRECTORS OF THE
COOK COUNTY HEALTH AND HOSPITALS SYSTEM**

January 9, 2009

ATTENDANCE

Present: Chairman Andrea L. Zopp and Directors David Carvalho; Quin R. Golden; and Sister Sheila Lyne, RSM (4)

Chairman of the Board Warren L. Batts (Ex-Officio)

Absent: Director Jorge Ramirez (1)

Also Present: Directors Hon. Jerry Butler; Luis Muñoz, MD, MPH; and Heather E. O'Donnell, JD, LLM

David Barker, MD – Chief Medical Officer, Ruth M. Rothstein CORE Center of Cook County; Marcel Bright – Acting Director of Public Affairs, Cook County Health and Hospitals System; Chet Kelly – Associate Director, Ruth M. Rothstein CORE Center of Cook County; Jeff McCutchan – Supervisor, Transactions and Health Law Division, Office of the State's Attorney; John M. Raba, MD – Interim Chief Medical Officer, Cook County Health and Hospitals System; Elizabeth Reidy – Deputy Chief, Civil Actions Bureau, Office of the State's Attorney; Deborah Santana – Office of the Secretary to the Board, Cook County Board of Commissioners; David R. Small – Interim Chief Executive Officer, Cook County Health and Hospitals System; Sidney Thomas – Chief Operating Officer, Provident Hospital of Cook County; Greg Vaci – Office of the State's Attorney; Robert Weinstein, MD – Chief Operating Officer, Ruth M. Rothstein CORE Center of Cook County

Ladies and Gentlemen:

Your Human Resources Committee of the Board of Directors of the Cook County Health and Hospitals System met pursuant to notice on Friday, January 9, 2009 at the hour of 7:30 A.M. at Stroger Hospital, 1901 W. Harrison Street, in the fifth floor conference room, in Chicago, Illinois.

Your Human Resources Committee has considered the following items and upon adoption of this report, the recommendations follow.

Roll Call

Deborah Santana, of the Office of the Secretary to the Board of Commissioners of Cook County, called the roll of members and it was determined that a quorum was present.

Update and discussion of pending information requests

Chairman Zopp reviewed the information requests that were pending.

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David Small, Interim Chief Executive Officer of the Cook County Health and Hospitals System, provided information on applicant tracking. He stated that this information would be provided on a monthly basis, and would include information on the hires from the previous month.

Update on responses to search firm RFP.

Mr. Small provided an update on the search firm Request for Proposals (RFP) progress. He stated that the RFP was loaded onto the County government's website today; the due date for proposals is February 25, 2009.

Update on CORE response to former employee allegations.

Discussion of Personnel Matters.

Update on labor negotiations.

Recruitment of Permanent Chief Executive Officer
for the Cook County Health and Hospitals System

Director Carvalho, seconded by Director Lyne, moved to recess the regular session and convene into closed session, pursuant to an exception to the Open Meetings Act, 5 ILCS 120/2(c)(2), et seq., which permits closed meetings for consideration of "collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees," and pursuant to an exception to the Open Meetings Act, 5 ILCS 120/2(c)(1), which permits closed meetings for consideration of "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," and pursuant to an exception to the Open Meetings Act, 5 ILCS 120/2(c)(17), which permits closed meetings for consideration of "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body." **THE MOTION CARRIED UNANIMOUSLY.**

Director Carvalho in the Chair.

Director Carvalho, seconded by Director Golden, moved to adjourn the closed session and convene into regular session. THE MOTION CARRIED UNANIMOUSLY.

Director Carvalho stated that although this item was appropriate for discussion in closed session, in open session the Committee would like to put in the record that the allegations regarding a hostile environment at the Ruth M. Rothstein CORE Center for persons who are gay was thoroughly explored by staff and a report was made to the Board. A report suitable for release is being prepared, and the Board is comfortable that the allegations have been found to be unfounded. The Board, as well as the CORE Center, reaffirms the goal of maintaining and continuing to maintain an environment at all of the facilities that is welcoming and supportive of all patients, without regard to any category throughout the System. (See Attachment #1.)

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Director Carvalho then explained that the Committee discussed another item that was appropriate for discussion in closed session, and the Committee was now prepared to take action in open session on this item. He stated that the System's arrangement with MedAssets currently includes the provision of services of Interim Chief Financial Officer, Pitt Calkin. The current arrangement ends January 22nd. The Committee would like to see the extension of that arrangement through February 28th.

Director Carvalho called for a motion to amend the contract with MedAssets to extend the provision of the services of Pitt Calkin as System Interim Chief Financial Officer through February 28, 2009. However, the Committee had lost its quorum at that time; Director Carvalho stated for the record that he and Director Golden, and the Human Resources Committee members present in closed session during the discussion of this item indicated their support for this extension.

Public Comments

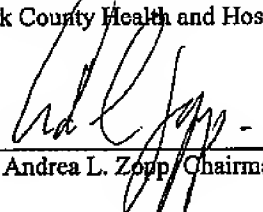
Director Carvalho asked the Secretary to call upon any registered public speakers.

Ms. Santana responded that there were none.

Adjournment

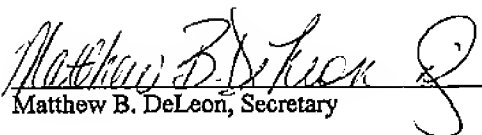
As the agenda was exhausted, Director Carvalho declared the meeting **ADJOURNED**.

Respectfully submitted,
Human Resources Committee of the
Board of Directors of the
Cook County Health and Hospitals System



Ms. Andrea L. Zopp, Chairman

Attest:



Matthew B. DeLeon, Secretary

Cook County Health and Hospitals System
Report of the Meeting of the Human Resources Committee
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ATTACHMENT #1

Ruth M. Rothstein CORE Center

Cook County Health & Hospitals System

Todd H. Stroger • President
Cook County Board of Commissioners

Warren L. Batts • Chairman
Cook County Health & Hospitals System

Jorge Ramirez • Vice-Chairman
Cook County Health & Hospitals System

David R. Small FACHE • Interim CEO
Cook County Health & Hospitals System



Health System Board Members

Dr. David A. Ansell
Commissioner Jerry Butler
David N. Carvalho
Quin R. Golden
Benn Greenspan
Sr. Sheila Lyne
Dr. Luis R. Muñoz
Heather E. O'Donnell
Andrea L. Zopp

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Robert Weinstein, M.D.
Chief Operating Officer

Dave Barker, MD
Chief Medical Officer

David R. Small FACHE
Interim CEO
Cook County Health & Hospitals System

Andrea Zopp, JD
Chair – CCHHS Human Resources Committee

January 9, 2009

Dear Mr. Small and Ms. Zopp,

As discussed previously our patients face substantial discrimination because of their HIV status, and we take very seriously any *perception* that we are increasing rather than alleviating barriers to patients obtaining the care that they need.

We would like to take this opportunity to report back to you our findings with regard to the recent allegation that the CORE Center is a homophobic environment. These are grouped as follows: 1. objective data from internal patient satisfaction and patient complaints 2. subjective impressions from members of the CORE Center Community Advisory Board (CAB) and from focus groups held by outside funders as part of frequent extra-mural reviews of our services 3. planned future steps.

1. Objective data

Patient Satisfaction Survey

The CORE Center carries out an annual patient satisfaction survey, usually in the early fall. This survey is based on models with proven internal validity created by the New York State Department of Health AIDS Institute and the DHHS HIV and AIDS Bureau. The survey is administered as a voluntary convenience sample among patients from all of the different clinic sessions in the waiting areas of the HIV primary care clinics. Completed surveys are obtained from 350 – 450 patients each year. The 2008 survey was conducted in October over 2 weeks and responses from 431 patients were obtained. It included 57 items.

Question # 42 specifically asked whether the patient had ever felt poorly treated and if so, why? Over the past four years, affirmative responses to this question have ranged from a high of 57 to a low of 28 which represents approximately 7 to 13% of respondents. The 2008 number was 41 which is just under 10% for all causes. Of those responding that they felt poorly treated 2 to 10 respondents over the past four years (<1% to 2.4% of all respondents and 3.6% of those identifying as GLBT) believed that they were poorly treated because of their sexual orientation.

In the 2008 patient satisfaction survey 27% of patients self identify as gay, lesbian, or bisexual (Question #49). We believe that this slightly under-states the proportion of GLBT patients.

Question # 42 is reproduced below.

42. At any point, did you feel treated poorly at your clinic?	
yes	no (If "No," Skip to Question 45)
43. If "Yes," please help us understand why by checking any of the reasons you feel may have caused you to be treated poorly.	
<input type="checkbox"/> my race	<input type="checkbox"/> my sexual orientation
<input type="checkbox"/> my age	<input type="checkbox"/> my gender/sex
<input type="checkbox"/> my immigration status	<input type="checkbox"/> my difficulty speaking English
<input type="checkbox"/> my drug use (<input type="checkbox"/> i am not using drugs)	<input type="checkbox"/> other (please specify)

Patient Complaints:

The CORE Center has suggestion / complaint boxes located throughout the building where patients and staff may place anonymous or signed complaints. None of the complaints received has ever mentioned homophobia or other discrimination.

As required by one of our federal funding sources there are signs posted in English and Spanish asking if patients "have grievances with our services" and inviting them to contact our Patient Advocate or use a 1-800 number to contact the granting agency in the city Department of Health. We receive a small number of complaints back from the Health Department each year through this mechanism. No complaints related to anti-gay bias have ever been received by the Health Department.

The CORE Center has an active system of gathering and responding to patient complaints through our Patient Advocates and Peer Educators. At least one Patient Advocate is available during all business hours to assist patients and to take patient complaints. Any patient with a problem or complaint is directed by staff to the Patient Advocate. All written patient complaints must have a written response from the Department Manager or Director. In the Windy City Times it was alleged that the CORE Center receives one complaint per week related to discrimination on the basis of sexual orientation. In fact the CORE Patient

Advocate receives an average of 49 complaints *per year on all subjects but these have not been about discrimination due to sexual orientation.*

Neither the Patient Advocate nor any of the Directors recall any written complaints alleging discrimination based on sexual orientation in 2006 or 2007, and there was only a single complaint from a transgender patient in 2008 related to a disagreement over hormone replacement therapy dosing. This complaint was answered in November 2008, but may not yet be fully resolved due to difficulty contacting the patient.

The allegation that the CORE Center receives many such complaints and does not address them is false despite CORE's robust active and passive system to receive such complaints.

Staff on Staff complaints

CORE leadership is not aware of any complaints of this nature by any staff to either managers or Hektoen or County HR regarding other staff. Four years ago a manager of a research project made a sexually inappropriate remark to an employee. The employee brought it to the attention of the departmental director who agreed the remark constituted sexual harassment. The manager was suspended and subsequently terminated by Hektoen HR after an investigation with the agreement of the Director. The manager was a heterosexual male and the employee was female. CORE staff have received training about the County Sexual Harassment Policy.

There was a single similar episode in the HIV clinics, again between staff, that occurred in 1995 prior to the opening of the CORE Center and which also resulted in termination of the offender.

2. Subjective Data

Community Advisory Board

The Executive Director has had private discussions with a number of individuals from the CORE Center Community Advisory Board (CAB) to provide feedback on any patient concerns about discomfort experienced while in the Center. The CAB includes both gay and straight members as well as some community members who are not patients of the Center. The members spoken to did not have any experience or information about concerns or complaints related to discrimination due to race, sexual orientation, or gender. Leadership will meet with the entire CAB early in January to engage them in assisting us to ensure that the consumer experience is consistently positive.

Peer Educators and staff

The CORE Center employs a small staff of patients as trained educators and patient assistants. A number of these Peer Educators are openly homosexual and none have experienced, witnessed, or had related to them instances of discrimination based on sexual orientation. Similarly other employees including gay and straight staff were asked about whether they had

witnessed or had related to them instances of homophobia or hostility and none were recalled.

Patient focus groups conducted by external reviewers

Biennially the CORE Center receives detailed in-person reviews for a several of our federally funded HIV service programs. The most thorough reviews are conducted by the Chicago Department of Public Health (CDPH) for Part A of the Ryan White Care and Modernization Act. Three focus groups have been held in the past three years on December 14, 2006, January 22, 2008, and January 23, 2008. One of the groups was a convenience sample and participants in the other two were randomly selected from among patients receiving dental or primary care services. These focus groups are held in English and Spanish and facilitated by CDPH personnel or professional consultants with no CORE staff present. CORE receives detailed reports from CDPH of the anonymous opinions provided by patients in these groups. The questions posed to these groups are open ended and include exploratory interrogatives on the overall experiences with our services. These reports have included many concerns about CORE services; however, the issue of discrimination or a hostile environment on the basis of sexual orientation has never been raised.

3. Future steps:

As outlined above CORE Leadership will meet with the CORE CAB to discuss the experiences and understanding of the members in January 2009.

Safety net HIV care is provided by networks that share patients, especially social work / community case management and legal assistance through the AIDS Legal Counsel. Thousands of our patients have received assistance from community social work agencies, substance abuse centers, and housing providers. The CORE Center has formal linkage agreements with these providers. We intend to discuss with our community partners the experiences of care at our Center that our patients have shared with their staff.

The CORE Center had begun a program of training in late 2007 and early 2008 intended to diminish feelings of stigma among patients with HIV. This program sponsored by the National Minority AIDS Coalition requires several days participation which is not practical for all staff. A dozen CORE staff have been trained in *train-the-trainer* sessions. We have been working on creating a condensed version for all CORE staff. This program has begun long before the current allegation came to light. We intend to continue to roll-out this program. We will continue to require annual in-service trainings in customer service which include being sensitive to others regardless of their race, religion, national origin, gender identity, or sexual orientation. We will remind staff that the leadership is committed to keeping the Center free from sexual harassment and any other form of discrimination.

We will continue to perform annual patient satisfaction surveys and will reassess the survey instrument to determine whether additional questions should be included in this area.

Based on prior actions by management involving sexual harassment no one should be under the illusion that leadership will tolerate inappropriate conduct by staff members. We will reinforce with staff the importance of making the Center a welcome primary care home for all patients and making every effort to reduce perceived stigmas as a barrier to care as part of our annual cycle of trainings.

SUMMARY:

We do not believe that the allegation is true and we do not believe that there is a climate of discrimination, hostility, or phobia on the basis of sexual orientation. Substantial numbers of both patients and staff are GLBT. It is impossible to state that there are no incidents or perceptions of discrimination in a health center that has more than 300 staff and as many as 70,000 patient visits per year. In fact 82 to 93% percent of patients over the past four years have stated that they would recommend the CORE Center to someone who needed care.

We take very seriously even the perception of discrimination or a hostile environment not only because we feel such bias is ethically wrong but because it creates additional barriers that hinder patients from entering into, and remaining in, treatment for a deadly disease. The CORE leadership is committed to investigating and mitigating any such complaints that arise in the future. Unfortunately we were not afforded such an opportunity in this instance.